Washington State Office of the Insurance Commissioner

www.insurance.wa.gov

PO BOX 40257 Olympia WA 98504-0257 Phone: (360) 725-7144 5000 Capitol Blvd Tumwater WA 98501 Fax: (360) 586-2019

Appointment/Affiliation Notice

An authorized representative of the appointing insurer or affiliating agency must complete the information below. There is a \$20.00 fee per appointment or affiliation. Insurers that would like to save time by submitting appointments for WA licensees electronically through the National Insurance Producer Registry (NIPR) gateway should visit www.licenseregistry.com.

Name of Appointing Insurer or Affiliating Agency	License N	License Number (WAOIC #)	
Address	City	State Zip	
Phone: ()Fax: ()	E-Mail:		
Name of Appointee or Affiliate, Exactly as License	ed License N	License Number (WAOIC #)	
Address	City	State Zip	
Phone: ()Fax: () E-Mai	l: SSN/FE	IN:	
*Life *Disability Credit L & D Travel	Credit Casualty Vehicle Title Surety		
*Casualty	Independent Adju	Independent Adjuster	
*Property Rental Car Agent	Public Adjuster Specialty Produce	Public Adjuster Specialty Producer	
*When appointing for any of these lines same lines of authority as the appointing. The appointment/affiliation is subject to rethe agent by the appointing or affiliating in	estrictions which may be placed up asurer or agency. A valid WA lice	oon the authority on the authority of the name is required.	
	Signature of Appointing Insurer or A	ffiliating Agency	
INS-18 (1/07)	(Name Printed/Typed)	Date	